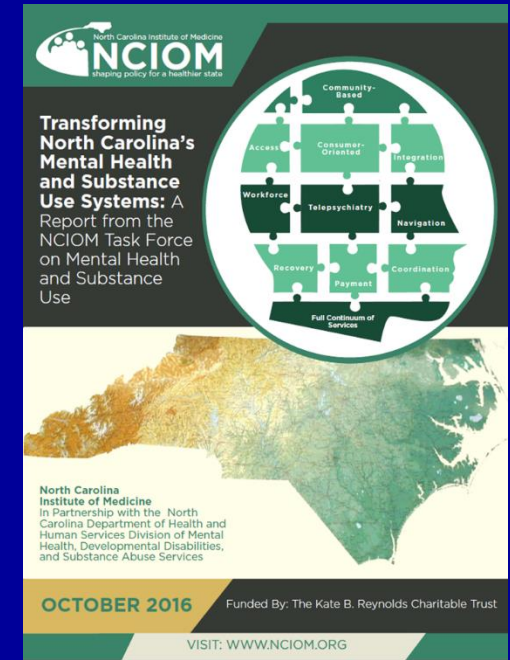


# Transforming North Carolina's Mental Health Systems



## A Report of the North Carolina Institute of Medicine Task Force on Mental Health and Substance Use

Presented by Adam Zolotor, MD, DrPH, President and CEO, NCIOM

To the Joint Legislative Oversight Committee



# North Carolina Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
  - Be concerned with the health of the people of North Carolina
  - Monitor and study health matters
  - Respond authoritatively when found advisable
  - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

*NCGS §90-470*



# North Carolina Institute of Medicine Task Force on Mental Health and Substance Use

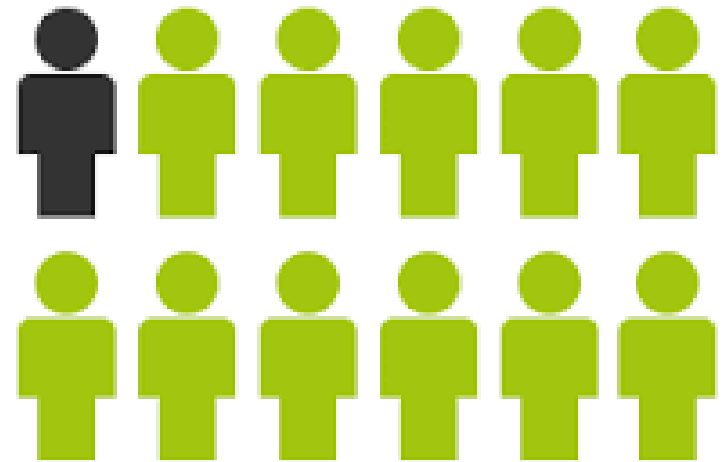
- Co-Chairs:
  - **Senator Angela Bryant**
  - **Courtney Cantrell**, PhD, Former Director, NC DMHDDAS
  - **Representative Josh Dobson**
  - **John Santopietro**, MD, FAPA, Chief Clinical Officer of Behavioral Health, Carolinas Health System
- 71 Task Force and Steering Committee Members
  - Policymakers, DHHS staff, practitioners, advocates, community members, content experts, and others
- Presentations from content experts, individuals and family members

# North Carolina Institute of Medicine Task Force on Mental Health and Substance Use

- Funded by The Kate B. Reynolds Charitable Trust
- Conducted in partnership with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services
- Task Force Work Groups
  - Cross-Cutting Systems Issues
  - Adolescents
  - Older Adults

# Mental Health and Substance Use

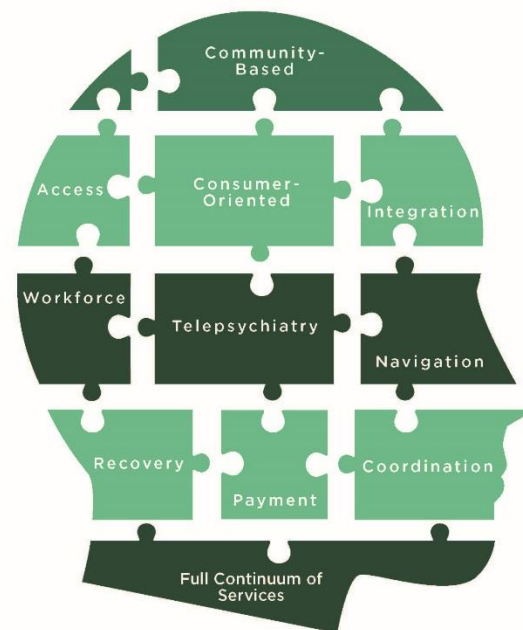
- Among top conditions for disability and burden of disease
- More than **1.5 million adults** in North Carolina report having mental health and/or substance use disorder in the past year
- **Most** adults with mental health and substance use disorders **do not receive treatment**



1 in 12 Adults in North Carolina is  
dependent on or abusing alcohol or  
illegal drugs

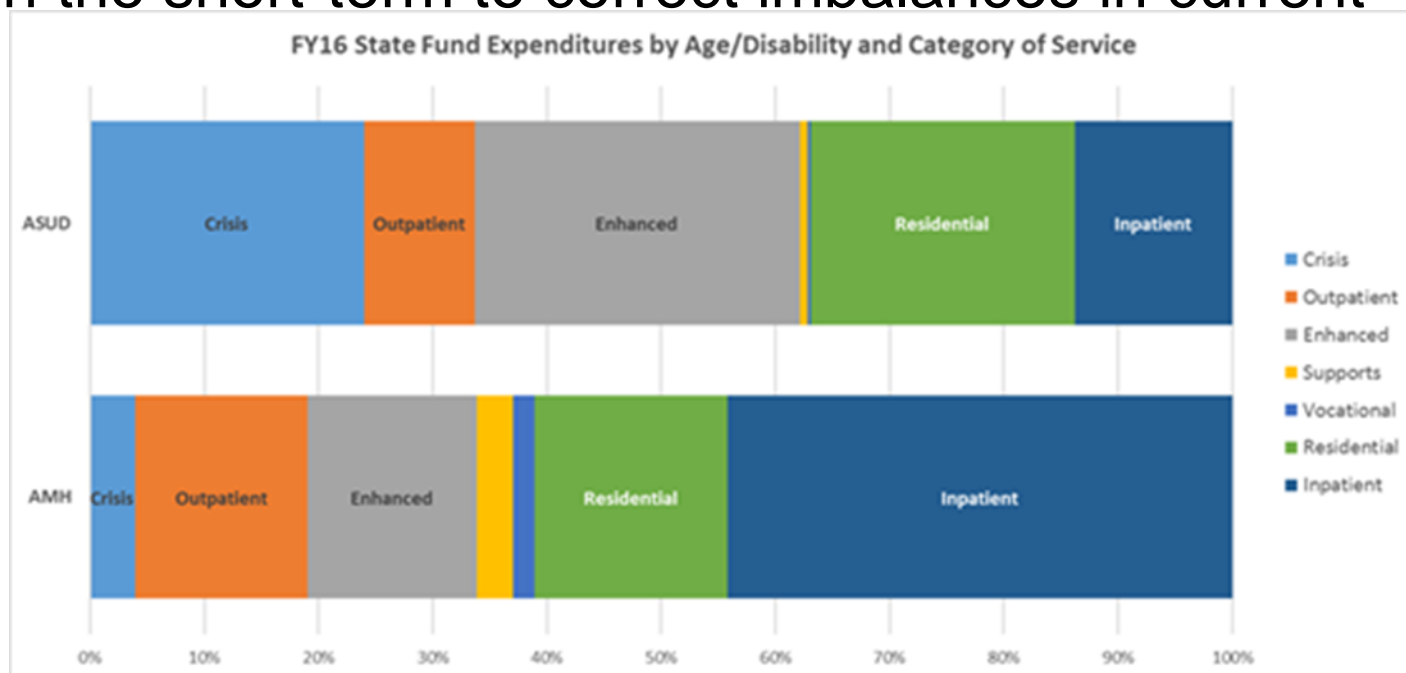
# Task Force Recommendations

- 30 Recommendations
  - 5 called for action by the North Carolina General Assembly
  - 8 would benefit from action by the North Carolina General Assembly
  - 17 are directed towards DHHS, LME/MCOs, and other community and professional organizations



# Improving Prevention, Treatment and Recovery Systems

- Continue to rely heavily on the highest level of care
- Need to balance the system with more prevention and other community-based services
- Need stability of existing funding as well as additional funding in the short-term to correct imbalances in current system.



# Single Stream Funding

Public Funding for Mental Health and Substance Use Services, 2015

	State + Federal Contribution	Persons Served	Average Value of Services per Beneficiary
Medicaid Mental Health and Substance Use Services <sup>1</sup>	\$2,403,610,489	354,572	\$6,779
Uninsured IDD, Mental Health and Substance Use Services <sup>2</sup>	\$168,018,325	95,905	\$1,752

Uninsured residents do not receive comprehensive services and supports

North Carolina has 1.1 million residents without insurance

<sup>1</sup>State Medicaid funding was self-reported by the LME/MCOs to the NC Division of Medical Assistance. Adolph Simmons, Jr. M.S., Business Systems Analyst, Division of Medical Assistance, North Carolina Department of Health and Human Services. Written (email) communication on February 29, 2016 and September 30, 2016. The North Carolina Institute of Medicine calculated the federal Medicaid contribution was calculated using the state Medicaid contribution, with the assumption that state government contributes 35% of the cost of Medicaid with the federal government contributing 65% of the cost.

<sup>2</sup>Bowman J. Quality Management Section Chief, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services. Written (email) communication June 27, 2016. Coleman PB. Senior Researcher, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Department of Health and Human Services. Written (email) communication. July 13, 2016.

# Improving Prevention, Treatment and Recovery Systems

- Recommendation 2.1: Support and Expand Availability of a Full Array of Mental Health and Substance Abuse Services through LME/MCOs.
  - The NCGA should not reduce single stream funding available for services
  - The Dorothea Dix Hospital Property Funds should be used to provide a full array of MHSU services and supports



# Expand Access to Mental Health and Substance Use Services

- Recommendation 2.5: The NCGA should increase access to and utilization of mental health and substance use services for uninsured residents

# Improving Medicaid for Youth with Serious Emotional Disturbance

In 2015 NCGA (SL 2015-135) asked DMA to study feasibility of 1915(c) waiver for children and adolescents with serious emotional disturbance who meet the psychiatric level of care

DMA found average savings of 35% could be achieved with waiver



- Recommendation 4.6: The NCGA should instruct NCDHHS/DHB to submit a 1915(c) waiver for children and adolescents with serious emotional disturbance

# Leadership for Older Adult Health

- DAAS, DMH/DD/SAS, DMA/DHB, the DHSR, Emergency Medical Services, LME/MCOs, and the Area Agencies on Aging all part of the continuum of services for older adults with mental health and substance use disorders
- No cross-agency efforts to ensure older adult mental health and substance use needs are met
- Rec 5.1: Establish Statewide Coordinated Leadership to Oversee Older Adult Health
  - NCGA should establish a subcommittee of the Joint Legislative Oversight Committee to focus on these issues
  - NCGA should re-establish the North Carolina Study Commission on Aging



# Informed Medicare Enrollment Decisions

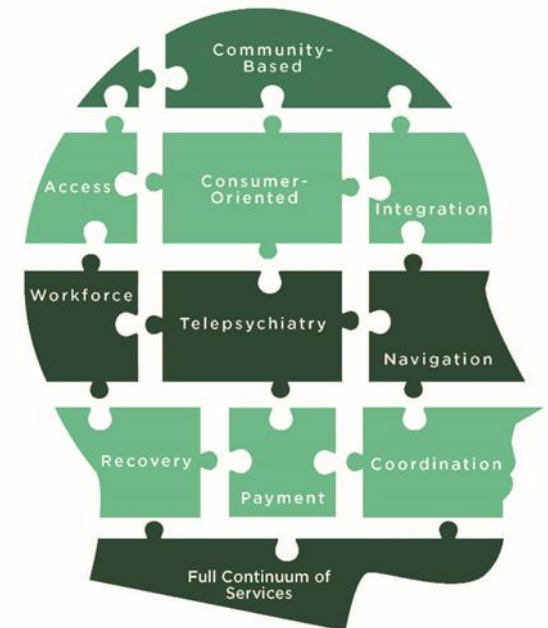
The Seniors' Health Insurance Information Program (SHIIP) counsels Medicare beneficiaries and caregivers about Medicare, Medicare supplements, Medicare Advantage, Medicare Part D, and long-term care insurance. The counselors on SHIIP's toll-free line offer free and unbiased information regarding Medicare health care products. SHIIP also helps people recognize and prevent Medicare billing errors and possible fraud and abuse through the NC SMP Program.




- Rec 5.2: Increase Support for SHIIP Program
  - NCGA should allocate adequate recurring funding for NC SHIIP

# Task Force Recommendations

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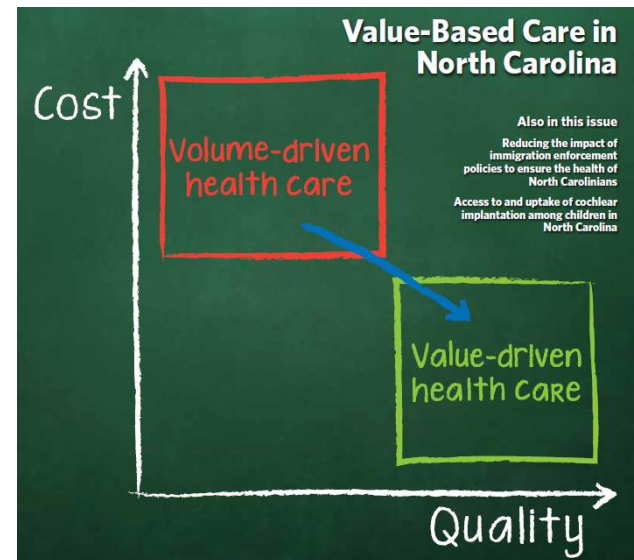


# Case Management

-  Recommendation 2.2: Create Medicaid Case Management/Recovery Navigation Options

# Improving Prevention, Treatment and Recovery Systems: Medicaid Reform

- **GTF** Recommendation 2.6: Increase Utilization of Evidence-Based Mental Health and Substance Use Services and Tie Payment to Positive Health Outcomes
  - NCGA can push for value-based contracts within Medicaid reform
  - NCGA can support efforts to identify and develop Medicaid quality measures



# Improving Prevention, Treatment and Recovery Systems: Medicaid Reform

- Recommendation 3.9: Support Practice and System Transformation towards Integrated Care
  - Integrated care can be supported through Medicaid reform
    - NCGA and DHHS should include supporting integrated care as core goal of the Medicaid and NC Health Choice Transformation Innovations Center
    - Contracts with Medicaid managed care organizations and provider-led entities should require them to provide funding for technical assistance for practices moving towards integrated care



# Making Mental Health and Substance Use Services More Accessible

- **GTF** Recommendation 3.2: Develop a Common Access Point for the Mental Health and Substance Use Prevention, Treatment, and Recovery System
  - Could be achieved through a partnership between DMHDDSAS, LME/MCOs and 211
  - Could also pursue through an alternate method (e.g., one common number for all LME/MCOs, expansion of 911 expertise/capabilities)



# Preparing Communities to Address Mental Health and Substance Use

- Need to increase community-wide understanding of MHSU as well as capacity to respond

- **GTF** Recommendation 3.3: Increase the number of North Carolinians trained in Mental Health First Aid.

DMHDDSAS has put in budget request OSBM for \$2.5 million for FY 2017-2019 to fund courses, materials, and 3 additional staff



# Crisis Response

- Recommendation 3.6 Develop New Payment Models to Support Community Paramedicine Programs with Mental Health and Substance Use Crisis Response
- Community Paramedicine Pilot Program



# Workforce Development

- **GTF** Recommendation 3.7: Strengthen Training and Work Force Development
- Recommendation 3.8: Develop More Robust Transition to Practice System for Mental Health and Substance Use Professionals

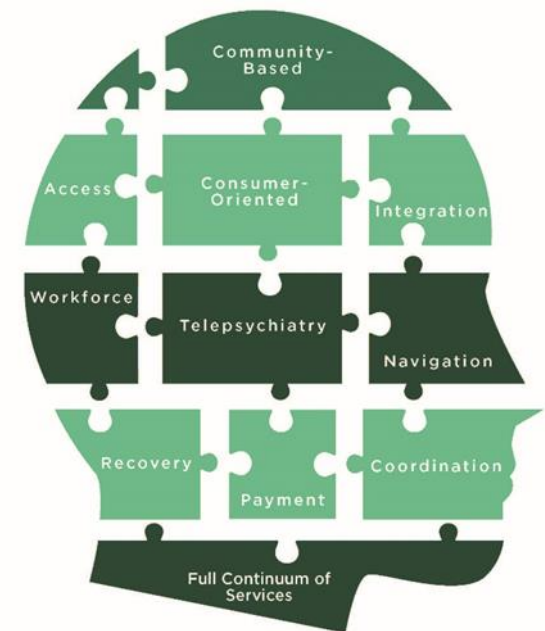
# Education around Older Adult Mental Health and Substance Use

- Geriatric / Adult Specialty Teams (GAST) provide training and consultation to people that provide services and support to older adults with mental health and substance use needs
- Recommendation 5.3: Use GAST Teams to Train Communities on Issues of Older Adult Mental Health
  - GAST Teams funded through single stream funding



# Task Force Recommendations

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# Special Thanks



Division of  
Mental Health,  
Developmental  
Disabilities and  
Substance Abuse  
Services



# For More Information

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# Improving Prevention, Treatment and Recovery Systems

- Recommendation 2.2: Create Medicaid Case Management/Recovery Navigation Options.
-  Recommendation 2.3: Require North Carolina Agencies to Share Data Cross-Agency
-  Recommendation 2.4: Assess and Address Disparities in the LME/MCO System

# Improving Prevention, Treatment and Recovery Systems

- Recommendation 3.1: Educate Communities on Available Mental Health and Substance Use Services
- Recommendation 3.4: Involve Consumers and Local Communities in the LME/MCO Service Gaps Improvement Process
- **GTF** Recommendation 3.5: Support and Encourage Crisis Response Stakeholders to Collaborate

# Improving Prevention, Treatment and Recovery Systems

- Recommendation 3.10: Update DMA's Telepsych Policy
- Recommendation 3.11: Maintain Adequate Funding for the NC STeP Program
- Recommendation 3.12: Standardize Credentialing Across Systems

# Adolescents

- **GTF** Recommendation 4.1: LME/MCOs Should Act as Lead Player in Cross-System Collaboration
- **GTF** Recommendation 4.2: Support and further develop local System of Care Community Collaboratives
- **GTF** Recommendation 4.3: Educate School Personnel on the Behavioral Health Needs of Adolescents
- Recommendation 4.4: Encourage Partnerships between Schools and LME/MCOs
- **GTF** Rec 4.5: Support the Implementation of Trauma-Informed Child and Family Serving Systems across North Carolina Counties



# Older Adults

- Recommendation 5.4: Improve Capacity of Primary Care Practices to Screen, Treat, and Refer Older Adults to Treatment for Behavioral Health Needs
- Recommendation 5.5: Increase Care Management Services for Older Adults
- Recommendation 5.6: Increase Number of Eligible Behavioral Health Care Providers Billing Medicare

